

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/580597**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	<del>1</del>	<del>1</del>				
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10		1				
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13	<del>1</del>	<del>1</del>				
14		1				
15	<del>1</del>	<del>1</del>				
16	<del>1</del>	<del>1</del>				
17		1				
18		1				
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26	<del>1</del>	<del>1</del>				
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33	<del>1</del>	<del>1</del>				
34		1				
35		1				
36		1				
37		1				
38	1	1				
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40	<del>1</del>	<del>1</del>				
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TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	22	←		←		←
TOTAL CLAIMS	23					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						